PTO/SB/21 (09-04 Approved for use through 07/31/2006. OMB 0651-Q931 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE llection of information unless it displays a valid OMB control number. the Paperwork Reduction Act of 1995, no persons are required to respond to Application Number 10/624661 TRANSMITTAL Filing Date 07/22/2003 First Named Inventor **FORM** Shellans Art Unit 2635 **Examiner Name** Shimizu, Matsuichiro (to be used for all correspondence after initial filing) Attorney Docket Number PFD-0301 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a **Proprietary Information** After Final **Provisional Application** Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request below): post card Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Pre Appeal Brief included. Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Law Office of Dale B. Halling Signature Printed name Dale B. Halling Date Reg. No. 38170 CERTIFICATE OF TRANSMISSION/MAILING

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Effective on 12/08/2004.			Complete if Known		
Fees pursuint to the Consolidated Appropriations Act, 2005 (H.R. 4818).				r 10/624661	
FEE TRANSMITTAL For FY 2005			Filing Date	7/22/2003	
			First Named Invent	tor Shellans	Shellans
		Examiner Name	Shimizu, Mats	Shimizu, Matsuichiro	
Applicant claims small	See 37 CFR 1.27	Art Unit		2635	
TOTAL AMOUNT OF PAY	MENT (\$)	250	Attorney Docket No		
METHOD OF PAYMENT (check all that apply)					
Check ✓ Credit Card Money Order Other (please identify):					
Deposit Account Deposit Account Number: Deposit Account Name:					
For the above-identi	fied deposit a	account, the Director is	nereby authorized to: (c	heck all that apply)	
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee					
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information and authorization			information should not b	e included on this for	n. Provide credit card
FEE CALCULATION					
1. BASIC FILING, SEAF	RCH, AND	XAMINATION FEE	3		
·	FILING F	FEES SE	ARCH FEES E	XAMINATION FEI	
Application Type	Fee (\$)	mall Entity Fee (\$) Fee	Small Entity (\$) Fee (\$)	Small Entit	Y <u>Fees Paid (\$)</u>
Utility	300	150 50	<del></del>	200 100	0
Design	200	100 10	0 50	130 65	0
Plant	200	100 30	0 150	160 80	0
Reissue	300	150 50	0 250	600 300	0
Provisional	200	100	0 0	0 0	0
2. EXCESS CLAIM FEES Small Entity					
Fee Description Fee (\$)					) <u>Fee (\$)</u> 25
Each claim over 20 (including Reissues)					100
Each independent claim over 3 (including Reissues)  Multiple dependent claims  200  360					180
					e Dependent Claims
20 or HP =		x= _	0	Fee (S	Fee Paid (\$)
HP = highest number of tota	l claims paid fo	r, if greater than 20.			0
Indep. Claims 3 - 3 or HP =	Extra Clain	<u>ns Fee(\$) F</u> x =	f <u>ee Paid (\$)</u> O		<del></del>
HP = highest number of inde	pendent claims				
3. APPLICATION SIZE	FEE				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50					
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)					
100 = / 50 = (round <b>up</b> to a whole number) x = 0					
4. OTHER FEE(S) Non-Finally Supplier (\$120 for (see any 1) protein discount)					Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Notoce pf Appeal					0
Other (e.g., late filin	g surcharge	): Notoce pf Appeal			250
SUBMITTED BY 1, 1/12					
Signature Registration No. 38170 Telephone 719-447-1990					
Name (Print/Type) Dale B. Halling  Date 12/15/05					

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